

Foster Family Home - Corrective Action Report

Provider ID: 1-170052

Home Name: Juliet Carino, NA

76 Laimi Road

Honolulu

HI 96817

Review ID: 1-170052-4

Reviewer: David Ayling

Begin Date: 8/8/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home inspection for a 2 person CCFFH recertification made on 8/8/19. Corrective Action Report issued during home inspection with all items due to CTA by 9/8/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR and First Aid expired on 8/3/19 for CG #3.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: JGRA CARINO FOSTER HOME

CCFFH Address: 76 LAIMI ROAD, HONOLULU, HI 96817

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	I received a current CPR & FIRST AID certificate from CG#3 and placed it in my CCFFH BINDER.	8/13/19	I put the expiration date for CPR & FIRST AID for all CG's on my calendar. I will review it monthly.

Primary Caregiver's Signature: Juliet Grefa Carino

Print Name: JULIET GREFA CARINO Date of Signature: 8/13/2019